

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>9/20/05</u>		2 Serial/Patent # <u>10/532018</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$100.00
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
Duplicate Payment		5 0 -- 1 4 4 2		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____		
SIGNATURE: <u>[Signature]</u>		PHONE: _____		
OFFICE: <u>PCT/DO/EO</u>				
<small>***** Patent Ref: 09/21/2005 BCAMPBEL 0022042400 *****</small> <small>***** FC: 9204 *****</small> <small>***** Name: Campbell, Barbara *****</small> <small>***** \$100.00 CR *****</small>				
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APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: